

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	HAT CONTAINER																				
Application Number : Date : First Named Applicant: Timothy Angus Reeve Attorney Docket Number: 52084-3																					
TOTAL FEE AUTHORIZED \$ 385 Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as small entity BASIC FILING FEE																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385				Subtotal For Basic Filing Fees: \$ 385								
Fee Description	Fee Code	Amount \$	Fee Paid \$																		
Utility Filing Fee	2001	385	385																		
			Subtotal For Basic Filing Fees: \$ 385																		
EXTRA CLAIM FEES																					
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 20</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>		Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 20	0	2202	9	0	Independent Claims : 3	0	2201	43	0				Subtotal For Extra Claims Fees: \$ 0	
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																	
Total Claims : 20	0	2202	9	0																	
Independent Claims : 3	0	2201	43	0																	
			Subtotal For Extra Claims Fees: \$ 0																		
AUTHORIZED BILLING INFORMATION The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit account number: 022057 Access Code **** Deposit name: Bennett Jones LLP Deposit authorized name: Roseann Caldwell Signature: RCaldwell Date (YYYYMMDD): 2004-03-24 Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																					